

OES BOARDING STUDENT MEDICAL INSURANCE INFORMATION

All OES boarding students are required to provide proof of individual health insurance.

STUDENT NAME _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Please enroll or re-enroll my child in United Healthcare for 2011-2012. Yes _____ No _____

If you do not choose United Healthcare, complete the following information regarding your child's insurance coverage.

FATHER'S NAME _____ PHONE _____

HOME ADDRESS _____

E-MAIL ADDRESS _____ FAX _____

EMPLOYER _____

MOTHER'S NAME _____ PHONE _____

MAIDEN NAME _____

HOME ADDRESS _____

E-MAIL ADDRESS _____ FAX _____

EMPLOYER _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF THE STUDENT'S MEDICAL INSURANCE CARD

INSURANCE COMPANY _____

ID # _____ GROUP _____

INSURANCE SUBSCRIBER'S BIRTHDATE _____

Many health insurance carriers require a designated primary care provider. Please contact your insurance carrier to find a provider within the SW Portland or Beaverton area.

Primary Care Provider _____

Address _____ Phone _____